

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 4g

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 1992

MEDICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist

a. Prescribed Drugs

(1) Each recipient age 21 or older may have up to six (6) prescriptions each month under the program. The first three prescriptions do not require prior authorization. The three additional prescriptions must be prior authorized. Family Planning and EPSDT prescriptions do not count against the prescription limit.

(2) The following categories of drugs are not covered:

- a. agents used for weight reduction
- b. agents used to promote fertility
- c. agents used for cosmetic purposes or hair growth
- d. agents used to promote smoking cessation
- e. vitamin and mineral products, except prenatal vitamins and fluoride preparations
- f. DESI drugs or less than effective drugs as designated by the FDA
- g. barbiturates, except phenobarbital
- h. sedatives and hypnotics in the benzodiazepine category
- i. compounded prescriptions (mixtures of two or more ingredients)
- j. as of February 1, 1992, cough and cold medications for recipients age 21 and older

(3) The State will reimburse only for the drugs of pharmaceutical manufacturers who have entered into and have in effect a rebate agreement in compliance with Section 1927 of the Social Security Act, unless the exceptions in Section 1902(a)(54), 1927(a)(3) or 1927(d) apply. The State permits coverage of participating manufacturers' drugs, even though it may be using a formulary or other restrictions. The State will cover new drugs of participating manufacturers (except excluded/restricted drugs) for six months after Food and Drug Administration approval and upon notification by the manufacturer of a new drug. Any prior authorization program instituted after July 1, 1991 will provide for a 24 hour turnaround from receipt by mail of the request for prior authorization. The prior authorization program also provides for at least a 72 hour supply of drugs in emergency situations.

A	
STATE	Arkansas
DATE REC'D	10-26-92
DATE AP'D	12-23-92
DATE EFP	7-1-92
HCPA	92-19

Superior - 7/1/92-19

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12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (continued)
- a. Prescribed Drugs (continued)

(4) When a pharmacist receives a prescription for a brand or trade name drug, and he dispenses an innovator multisource drug that is subject to the Federal Upper Limits (FULs), the innovator multisource drug must be priced at or below the FUL or the prescription hand annotated by the prescriber "Brand Medically Necessary". Only innovator multisource drugs that are subject to the Federal Upper Limit at 42 CFR 447.332(a) and dispensed on or after July 1, 1991, are subject to the provisions of Section 1927(e) of the Social Security Act.

For drugs listed on the Arkansas Medicaid Generic Upper Limit List, the upper limit price will not apply if the prescribing physician certifies in writing on the face of the prescription that a brand name drug is medically necessary.

The Arkansas Medicaid Generic Upper Limit List is comprised of State generic upper limits on specific multisource drug products and HCFA identified generic upper limits on multisource drug products.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>7-31-91</u>	
DATE APPV'D	<u>9-22-92</u>	
DATE EFF	<u>7-1-91</u>	
HCFA 179	<u>91-35</u>	

Supersedes - TN 91-28

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: December 1, 1991

MEDICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

b. Dentures

Refer to Attachment 3.1-B Item 4.b.(7). for coverage of dentures for Child Health Services (EPSDT) recipients.

STATE	<i>Arkansas</i>	A
DATE RECD	DEC 30 1991	
DATE APVD	DEC 14 1992	
DATE EFF	DEC 01 1991	
HCPA 177	91-29	

Supersedes TN 91-28

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Page 5a

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 1993

MEDICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

c. Prosthetic Devices

- (1) Eye Prostheses - Refer to Attachment 3.1-B, Item 4.b. (11).
- (2) Hearing Aids, Accessories and Repairs - Refer to Attachment 3.1-B, Item 4.b. (10).
- (3) Pacemakers and internal surgical prostheses when supported by invoice.

- (4)
 - a. Parenteral hyperalimentation services, including fluids, supplies and equipment, when provided in the recipient's home. Home does include a nursing facility (NF) and intermediate care facility for the mentally retarded (ICF-MR). Service requires prior authorization.
 - b. Enteral nutrition services, including fluids, supplies and equipment, when provided in the recipient's home. Home does not include a nursing facility (NF) or intermediate care facility for the mentally retarded (ICF-MR) because this service is included and reimbursed as an NF and ICF-MR benefit as described in Attachment 3.1-B, Item 4.a.. Service requires prior authorization.

STATE <u>Arkansas</u>		A
DATE REC'D	DEC 28 1992	
DATE ACT'G	JAN 21 1993	
DATE EFF	JAN 01 1993	
HCF#	92-42	

Supersales: TN 91-28

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 1997

MEDICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)
- (5) Ventilator equipment (i.e., ventilator, suction pump, oxygen concentrator, liquid oxygen, liquid oxygen walker and reservoir, ventilator supplies and hospital bed) including 24-hour availability of respiratory therapy and equipment maintenance, with prior authorization.
- (6) Durable Medical Equipment (DME) - Services are covered in the recipient's home if prescribed by the recipient's physician as medically necessary. Some DME requires prior authorization. DME is limited to specific items. Specific DME is listed in Section III of the Prosthetics Provider Manual.
- (7) Medical Supplies
- Medical supplies are covered for eligible Medicaid recipients when determined medically necessary and prescribed by a physician. Services are provided in the recipient's home (Home does not include a long term care facility.) Supplies are limited to a maximum reimbursement of \$250.00 per month, per recipient. As medical supplies are also provided to recipients through the Home Health Program, the maximum reimbursement of \$250.00 per month may be provided through the Prosthetics Program, the Home Health Program or a combination of the two. However, a recipient may not receive more than \$250.00 in supplies whether received through either of the two programs or a combination of the two unless an extension has been granted. Extensions will be considered for recipients under age 21 in the Child Health Services (EPSDT) Program if documentation verifies medical necessity. The provider must request an extension of the established benefit limit.

STATE	Arkansas
DATE REC'D	6/30/97
DATE REC'D	7/24/97
DATE REC'D	4/1/97
HCFA 114	97-08

A

SUPERSEDES: TN - 92-42

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Revised: April 1, 1997

MEDICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

c. Prosthetic Devices (Continued)

(8) Augmentative Communication Device

Services for recipients under age 21 are covered as a result of a Child Health Services (EPSDT) screening/referral. Services for recipients over age 21 are covered if prescribed by the recipient's physician as medically necessary. Prior authorization is required.

(9) Specialized Wheelchairs

Specialized Wheelchairs are provided for eligible recipients of all ages if prescribed by the recipient's physician as medically necessary. Prior authorization is required for some items. These items are listed in Section III of the Prosthetics Provider Manual.

STATE	Arkansas
DATE REC'D	6/30/97
DATE APP'D	7/24/97
DATE EFF	7/1/97
HCFA 179	97-08
A	

SUPERSEDES: TN - 94-10

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AMOUNT, DURATION AND SCOPE OF
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Revised: March 1, 2000

MEDICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

c. Prosthetic Devices (Continued)

(10) Orthotic Appliances

Services for recipients age 21 and over are limited to \$3,000 per State Fiscal Year (July 1 through June 30). When the Medicaid maximum allowable for an orthotic appliance is \$500 or more, prior authorization is required. Specific covered orthotic appliances are listed in Section III of the Prosthetics Provider Manual.

(11) Prosthetic Devices

Services for recipients age 21 and over are limited to \$20,000 per State Fiscal Year (July 1 through June 30). When the Medicaid maximum allowable for a prosthetic device is \$1,000 or more, prior authorization is required. Specific covered prosthetic devices are listed in Section III of the Prosthetics Provider Manual.

STATE <u>Arkansas</u>	A
DATE <u>12-28-99</u>	
DATE <u>2-4-2000</u>	
DATE <u>3-1-2000</u>	
HCEA <u>99-96</u>	

SUPERSEDES: NONE NEW PAGE

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Revised: July 1, 1991

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

d. Eyeglasses

Provision of glasses and/or contact lens for eligible recipients. The following limits are imposed.

(1) One pair of glasses every twelve (12) months for eligible recipients 21 years of age and over. Replacement of glasses, repairs to glasses or professional service for repairing glasses is covered for post-cataract patients with prior authorization.

(2) One pair of glasses every twelve (12) months for eligible recipients under 21 years of age in the Child Health Services (EPSDT) Program. Under special circumstances, additional glasses may be authorized. Repairs include any repair necessary to render the eyeglasses serviceable.

(3) Contact lens are covered if either of the following conditions are exhibited by the patient:

- a. Medical Necessity
- b. Cataract patients

Prior authorization is required by the Medical Assistance Section. Lens replacement for all recipients is allowed as medically necessary.

STATE	Arkansas
DATE REC'D	JUL 01 1991
DATE APP'D	NOV 19 1991
DATE FILED	JUL 01 1991
HCEA 09	91-28
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Page 5d

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2000

MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

b. Screening services - Not Provided.

c. Preventive services - Not Provided.

d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

a. Acute Outpatient Services

- Diagnosis
- Diagnosis - Psychological Test/Evaluation
- Diagnosis - Psychological Testing Battery
- Treatment Plan
- Interpretation of Diagnosis
- Diagnosis - Speech Evaluation
- Individual Outpatient - Therapy Session**
- Marital/Family Therapy
- Individual Outpatient - Speech Therapy*
- Group Outpatient - Group Therapy**
- Group Outpatient - Medication Maintenance
- Group Outpatient - Speech Therapy*

* Effective for claims with dates of service on or after December 1, 1997, prior authorization will be required for speech therapy for Medicaid recipients under the age of 21. Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

** Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

STATE	Arkansas	A
DATE REC'D	12/28/99	
DATE APP'D	2/1/00	
DATE EFF	4/1/00	
FILE #	99-27	

SUPERSEDES TN -

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AMOUNT, DURATION AND SCOPE OF
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MEDICALLY NEEDY

Revised: April 1, 2000

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. **Rehabilitative Services (Continued)**

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

b. **Acute Day Treatment***

c. Restricted RSPMI Services

- Assessment-Reassessment and Plan of Care
- **Crisis Stabilization Intervention***
- **On-Site Intervention***
- **Off-Site Intervention***
- **Rehabilitation Day Services***

d. Other RSPMI Services

- Crisis Intervention
- Physical Examination
- **Medication Maintenance by a Physician***
- Periodic Review of Plan of Care
- Routine Venipuncture for Collection of Specimen
- Catheterization for Collection of Specimen
- Medication Administration by a Licensed Nurse
- Collateral Intervention

* Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

STATE	<u>Arkansas</u>	A
DATE REV'D	<u>12/28/99</u>	
DATE APPROV'D	<u>2/1/00</u>	
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